U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3/90		2. Fiscal Year C	2. Fiscal Year Covered From:				
		1	/ 1 / 2	004 Through	: 12 / 31	/ 2004	
3. Name and address of person filing.	4. Name, file n	Name, file number, and address of labor organization.					
Name Doug	Name IBE	Name IBEW Local 176					
		Labor Organi	ization File Nun	nber 028-86	55		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bu	P.O. Box, Building and Room Number, if any					
Street 7875 Chickory Lane	Street 110	0 NE Front	age Rd.	TOTAL MALANA AND AND AND AND AND AND AND AND AND			
City Coal City		City Jol:	iet	Man (Alayanan ayan asan ayan ayan ayan ayan aya			
State Illinois	ZIP Code + 4 60416	State Ill	inois	er felikasi kan	ZIP Code + 4	60431	
Enter appropriate data below if, during			a ancouy or mo	meety nad any t	n me ionowing ti		
Name and address of Employer (includi	(except as specified in nsactions (including loans) hose employees your or	the exclusions set forth in with, or derived income ganization represents	or other econ or is actively s	omic benefit of	esent.	- Constitution of the Cons	
. Name and address of Employer (including Name Trade Name, if any:	(except as specified in nsactions (including loans) hose employees your or	the exclusions set forth in with, or derived income ganization represents	or other econ or is actively s	omic benefit of seeking to repre	esent.		
nonetary value from an employer with the control of	(except as specified in nsactions (including loans) hose employees your or	the exclusions set forth in with, or derived income ganization represents 7.a. Nature of I	or other econ or is actively s	omic benefit of seeking to repre	esent.		
Name and address of Employer (including Name) Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State	(except as specified in pactions (including loans) hose employees your or ing trade name, if any). ZIP Code +4	the exclusions set forth in with, or derived income ganization represents 7.a. Nature of 1 7.b. Amount.	or other econ or is actively s nterest, Transa	omic benefit of seeking to repre ction, or Income.	esent.		
nonetary value from an employer with the control of	(except as specified in insactions (including loans) hose employees your or ing trade name, if any). ZIP Code +4 Indersigned declares, under programation contained in any are	the exclusions set forth in with, or derived income ganization represents 7.a. Nature of I 7.b. Amount. Signature enalty of Perjury and other companying documents),	or other econ or is actively s nterest, Transa-	omic benefit of seeking to reprection, or Income.	that all of the int	formation	
P.O. Box, Bldg., Room No., if any Street City State 15. Signature and verification. The ur submitted in this report (including the interest of the content of the conte	(except as specified in insactions (including loans) hose employees your or ing trade name, if any). ZIP Code +4 Indersigned declares, under programation contained in any are	the exclusions set forth in with, or derived income ganization represents 7.a. Nature of I 7.b. Amount. Signature enalty of Perjury and other companying documents), see the section on penalties	or other econ or is actively s nterest, Transa-	omic benefit of seeking to reprection, or Income.	that all of the int	formation e best of the	

Name of Person Filing Doug Eungard	F	ile Number U-					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.							
8. Name and address of Business (including trade name, if any).	9. Business deals with:						
Name Arnold & Kadjan	(577)						
Trade Name, if any: Attorney	a. Labor Organization	1					
P.O. Box, Bldg., Room No., if any	b. Trust						
Street 19 W. Jackson Blvd.	c. Employer						
City Chicago							
State Illinois ZIP Code + 4 60604							
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing						
Name	Arnold & Kadjan is t	he labor union's legal c	ounsel				
Trade Name, if any:			a udovoj cundovoj v čes				
P.O. Box, Bldg., Room No., if any			anti-property and \$4 to discount property.				
Street	44 5 Assessment and the second						
City	11.b. Approximate dollar value of 12.a. Nature of interest held of	Enthalphaper on a management of the contract o	\$19,449				
State ZIP Code + 4	Holiday party dinner	12/3/04					
	12.b. Amount.		\$149				
		Secretaria proprieda de la constancia del la constancia de la constancia de la constancia de la constancia d					
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.							
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.		.00200.00000.00000.0000				
Name			V				
Trade Name, if any:							
P.O. Box, Bldg., Room No., if any							
Street							
City			titte ti dahan in in				
State ZIP Code + 4							
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.						